

EXHIBIT B

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN)
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This document relates to: *Roberta Agyeman, et al. v. Islamic Republic of Iran*
Case Number: 1:18-cv-05320 (GBD) (SN)

DECLARATION OF FAMILIAL RELATIONSHIP

I, Reginald Colon, declare under penalty of perjury, as provided for by 28 U.S.C. § 1746, that the following statements are true and correct:

1. My name is Reginald Colon, and I am the step-son of Jaime Concepcion, who died on September 11, 2001 when the World Trade Center collapsed. I submit this Declaration for the purpose of demonstrating that Jaime Concepcion was the functional equivalent of my father.

2. While not Jaime's biological son, for the reasons set forth below, I should be deemed the functional equivalent.

3. Shortly after my birth in 1991, my mother, Arelis Manon was killed.

4. As my biological father was never in my life, I had no biological parents at the age of one-year old.

5. Thankfully, my aunt Juana adopted me, and her boyfriend at the time (and future husband) Jaime Concepcion brought me into their life and raised me as their own. See Exhibit 1, Affidavit of Helen Speransky, Clinical Social Worker at ¶ 2; see also Exhibit 2, family photographs.

6. We lived in the same household for all my life until he was taken away from me by the 9/11 attacks. I would was 10 years old at the time. Ex. 1 at ¶ 2

7. I never met my biological father; Jaime was the only true father I had ever known.

8. Juana was stricken with an illness, Lupus, which prevented her from working.

Ex. 1 at ¶ 4.

9. But Jaime worked hard as a restaurant manager at the Windows of the World in the World Trade Center to provide for Juana and me, along with 4 other children who made up our family. Ex. 1 at ¶ 4.

10. In addition to this financial support, he treated me like his son, emotionally and socially, always made sure I did my homework and properly focused on school, as well as helped me with afterschool programs and extra-curricular activities like baseball.

11. We would regularly go to the park, pool, and beach at Coney Island in our free time.

12. We would also take vacations to the Dominican Republic as a family.

13. I was in 9th grade when the September 11th attacks occurred.

14. When we heard the news, my whole family gathered at our house and tried to reach Jaime without success.

15. We went to the hospitals and contacted the fire department.

16. We submitted an official missing person's report and filed out all the necessary forms and provided material for DNA analysis at the Victim's Assistance Center.

17. Eventually, we realized he was never coming home. It was devastating.

18. My family and I held a spiritual prayer service at the house to honor and remember him.

19. After his death, I lost interest in school, became quiet and introverted and suffered from depression. I continue to this day to see a therapist to help me cope with this loss.

20. I applied to the Victim's Compensation Fund as the functional equivalent of Jaime's son.

21. I was awarded \$100,000. *See* Exhibit 3, September 11th Victims Compensation Fund Distribution Plan.

22. In sum, Jaime and I viewed each other as immediate family and Jaime was the only father I had ever known. As such, we should be treated as the functional equivalent of a biological father and son.

Executed on: 8-13-2019

Name (Signature): Reginald Colon

Name (Print): Reginald Colon

EXHIBIT 1

AFFIDAVIT OF HELEN SPERANSKY, CSW

STATE OF NEW YORK)
) S.S:
COUNTY OF NEW YORK)

I, HELEN SPERANSKY, C.S.W., of full age, being duly sworn, do hereby depose and say:

1. I am a licensed clinical social worker in the State of New York. Prior to his death, JAIME CONCEPCION became known to me in connection with the treatment of his two (2) stepchildren, REGINALD COLON and ROSA LUCINA COLON, who are the adopted children of his wife, JUANA COLON.

2. On multiple occasions prior to his death, the decedent JAIME CONCEPCION advised me of the living situation for ROSA LUCINA COLON and REGINALD COLON. He advised me that ROSA LUCINA COLON and REGINALD COLON lived with the decedent and his wife, JUANA COLON, and MARGIE MANON, ORQUIDIA COLON, JAIME CONCEPCION, JR., KIRSY CONCEPCION and MERCEDES CONCEPCION, in an apartment located at 60 Thayer Street, apartment 3C, New York, New York.

3. Decedent JAIME CONCEPCION advised me that he had one (1) additional daughter, VIRGINIA CONCEPCION, who resided in the Dominican Republic.

4. Decedent JAIME CONCEPCION advised me that his wife, JUANA COLON, was ill with Lupus, and he advised me that he worked to support MERCEDES CONCEPCION, KIRSY CONCEPCION, ORQUIDIA COLON, JAIME CONCEPCION, JR, MARGIE MANON, REGINALD COLON, ROSA LUCINA COLON and his spouse, JUANA COLON.

5. Decedent JAIME CONCEPCION also advised me that he had also helped support his daughter in The Dominican Republic, VIRGINIA CONCEPCION, and his ex-wife, JUANA EUGENIA SALAZAR.

I hereby affirm that the statements made by me herein are true. I understand that if any of the statements made by me are willfully false, that I am subject to punishment.


HELEN SPERANSKY, C.S.W.

Sworn to before
me this 4th day of Sept. 2003

Notary Public

AUTHORIZATION AND REQUEST FOR HOSPITAL AND MEDICAL RECORDS

DATED: May 8 2002

TO: Helen Speransky, Ph.D.
235 West 71st Street - #3
New York, New York 10023

RE: Rosa Lucina Colon


You are hereby requested and authorized to disclose, make available and furnish to my attorneys, Goldsmith Richman Levinson & Harz, LLP whose address is 140 Sylvan Avenue, Englewood Cliffs, New Jersey 07632 all information, records, x-rays, reports or copies thereof, relating to my child's examination, consultation, confinement or treatment and to permit them to inspect and make copies or abstracts thereof.

Approximate date of admission to hospital, first examination or consultation:



Juana Colon

Sworn and Subscribed to before me
this  day of 
2002

FRANCISCO J. RODRIGUEZ
Notary Public, State of New York
No. 02R0507700
Qualified in New York
Commission Expires August 1, 2005
X 

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

NEW YORK CITY DEPARTMENT OF HEALTH 2001 OCT 26 P 3: 06 DATE FILED		CERTIFICATE OF DEATH 155 -01- 0 4 9 9 6 9 Certificate No.	
1. NAME OF DECEASED Jaime (Type or print) (First Name) (Middle Name) (Last Name)		Concepcion (Last Name)	
MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)			
2. PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH Manhattan	2b. Name of hospital or other facility if not facility, street address World Trade Center	2c. If in Hospital or Other Facility 1 <input type="checkbox"/> DOA <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input type="checkbox"/> Inpatient
		2d. If inpatient, date of current admission Month Day Year	
3. DATE AND HOUR OF DEATH OR FOUND DEAD		3a. (Month) (Day) (Year) September 11, 2001	3b. Hour 3 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		4. SEX MALE	5. APPROXIMATE AGE 46 Years
6. DEATH WAS CAUSED BY: Enter only one cause per line			INTERVAL BETWEEN ONSET AND DEATH
P A R T 1	a. Immediate cause Physical Injuries. (Body Not Found)		
	b. Due to or as a consequence of		
	c. Due to or as a consequence of		
	d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1		
PART 2			
7a. INJURY: DATE (Month) (Day) (Year) September 11, 2001	7b. Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	7c. AT WORK 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No	7d. PLACE OF INJURY: At home, Farm, Street, etc. Office Building
		7e. LOCATION World Trade Center	
7f. HOW INJURY OCCURRED Restaurant Worker Killed in World Trade Center Disaster			
8. Manner of Death <input type="checkbox"/> Pending Further Study <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input checked="" type="checkbox"/> No Autopsy	
10. On the basis of examination and/or investigation. In my opinion, death occurred due to the causes and manner as stated: Certifier Signature: <i>Charles S. Hirsch</i> M.D. Date: October 25, 2001 Name (Print): Charles S. Hirsch, M.D.			
11. M.E. Case No. DX0101242	12a. Date Pronounced Dead (if different from 3a) 11/20/04	12b. Time <input type="checkbox"/> AM. <input type="checkbox"/> PM.	
PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)			
13. Usual Residence a. State NY	13b. County New York	13c. City, Town, or Location New York	13d. Street & House No. Zip Apt. No. 60-Thayer St 10040 3C
13e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. Served in U.S. Armed Forces No Yes Specify Years <input checked="" type="checkbox"/> From To		15. Marital Status (Check One) <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Divorced	
16. Name of Surviving Spouse (If wife, give maiden name) Juana Colon			
17. Date of Birth of Decedent (Month) (Day) (Year) 11/20/54	18. Age at last birthday 46	19. Social Security No. [REDACTED]	
20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) Delivery		20b. Kind of business or industry Restaurant Delivery	
21. Birthplace (City & State or Foreign Country) Santo Domingo, Dominican	22. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 05		23. Other name(s) by which decedent was known
24. NAME OF FATHER OF DECEASED Francisco Fria		25. MAIDEN NAME OF MOTHER OF DECEASED Virginia Jaime	
26a. NAME OF INFORMANT Juana Colon	26b. RELATIONSHIP TO DECEASED Wife	26c. ADDRESS (CITY) (STATE) (ZIP) 60 Thayer Street, Apt. 3C, New York, NY 10040	
27a. NAME OF CEMETERY OR CREMATORY	27b. LOCATION (City, Town, State and Country)	27c. DATE OF BURIAL OR CREMATION	
28a. FUNERAL ESTABLISHMENT		28b. ADDRESS	

VR16(1/94) (9/01) VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Steven P. Schwartz, Ph.D., City Registrar

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EXHIBIT 2











EXHIBIT 3

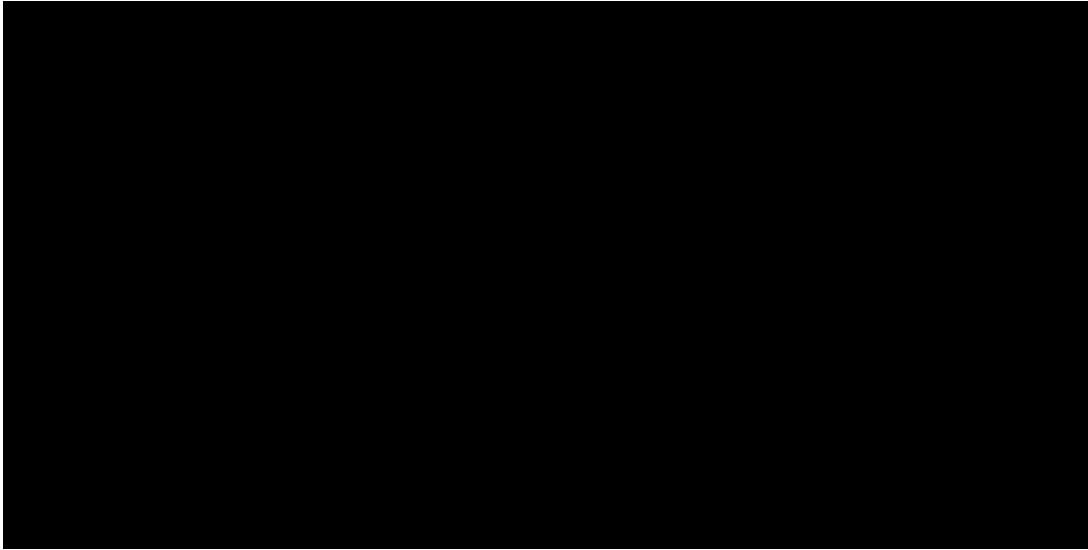
September 11th Victims Compensation Fund

Distribution Plan Report for Claim: 212-000006

Date: 3/18/2005

Time: 6:28:46PM

Distributees



SSN:



Name: REGINALD COLON

DOB: 7-21-1991

Relationship to Victim: STEP-SON

FBI Verification: Minor-Not Checked

Distribution Type: Lump Sum

Original Distribution %: 0.00

Economic Distribution Amount: \$0.00

Non-Economic Distribution Amount: \$100,000.00

Address Information

Address Line 1: 2222 CHATTERTON AVE

Address Line 2:

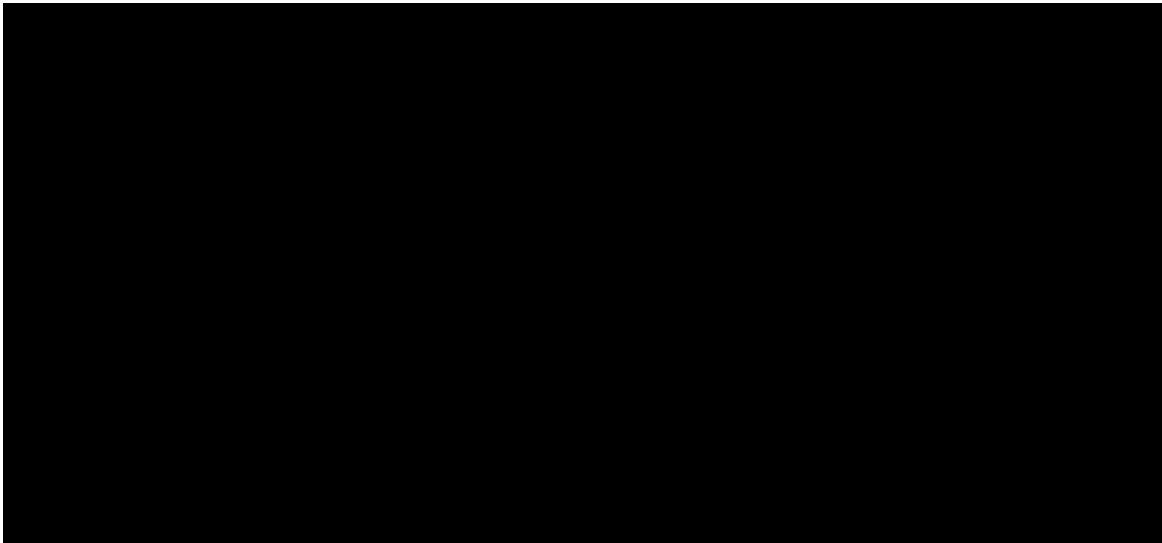
Apt: 2A

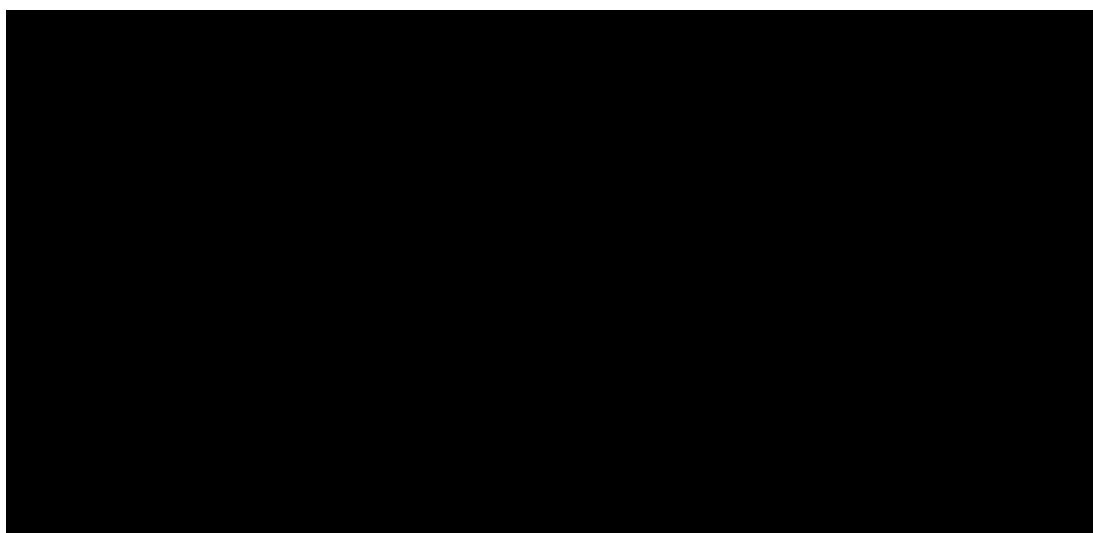
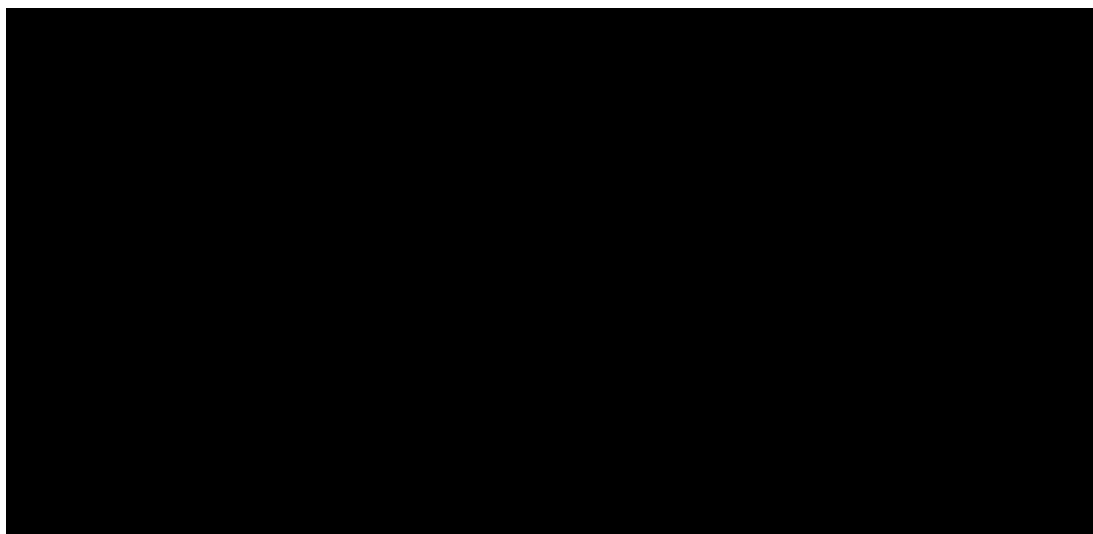
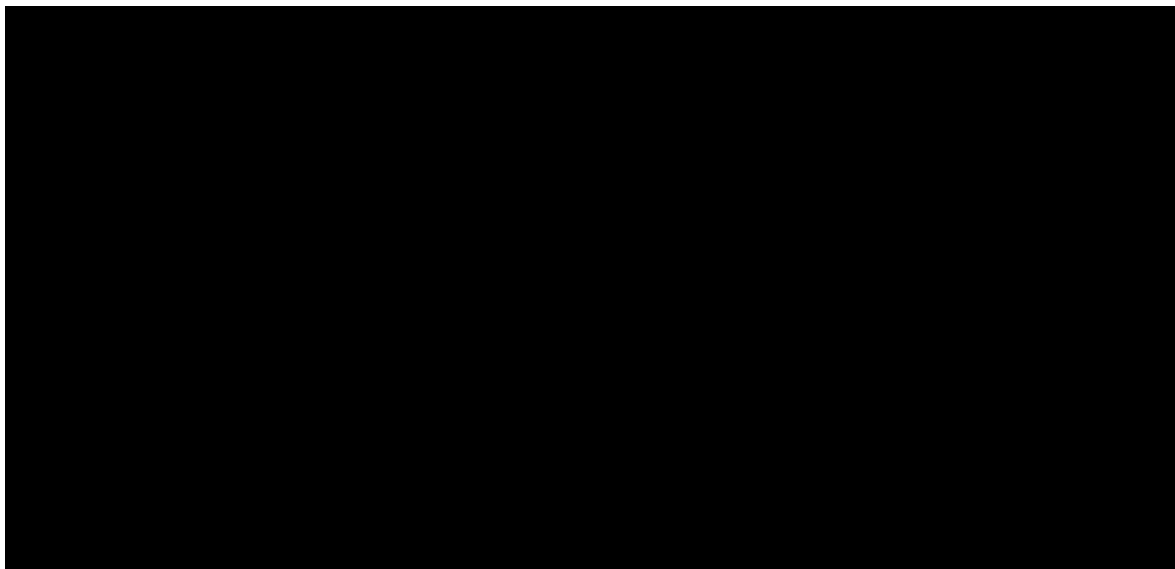
City: BRONX

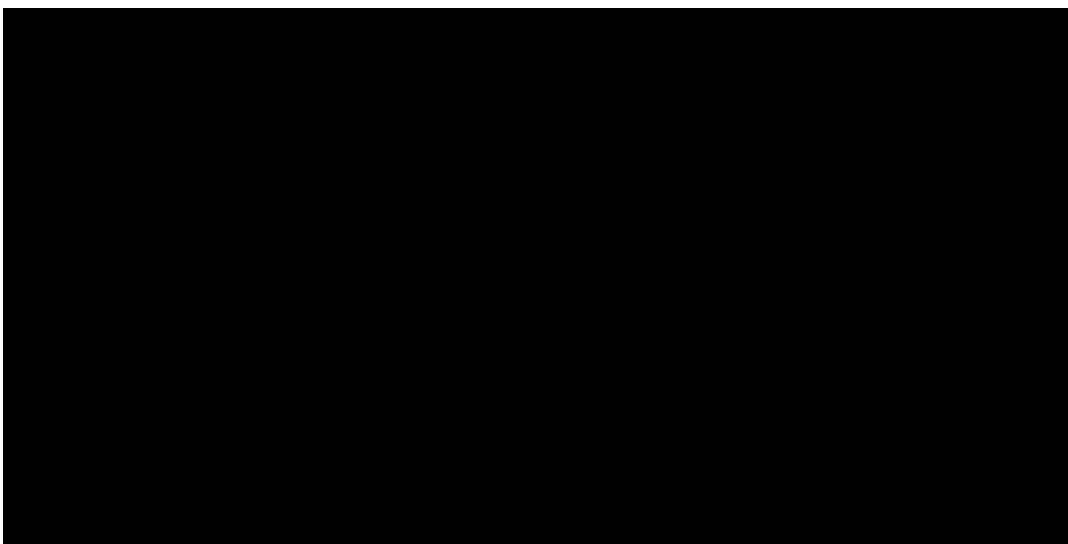
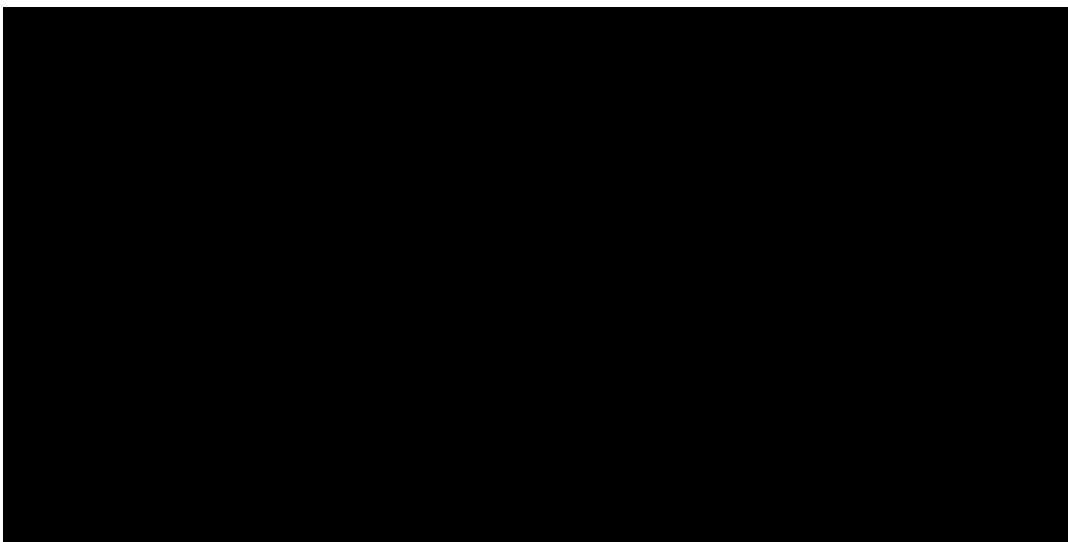
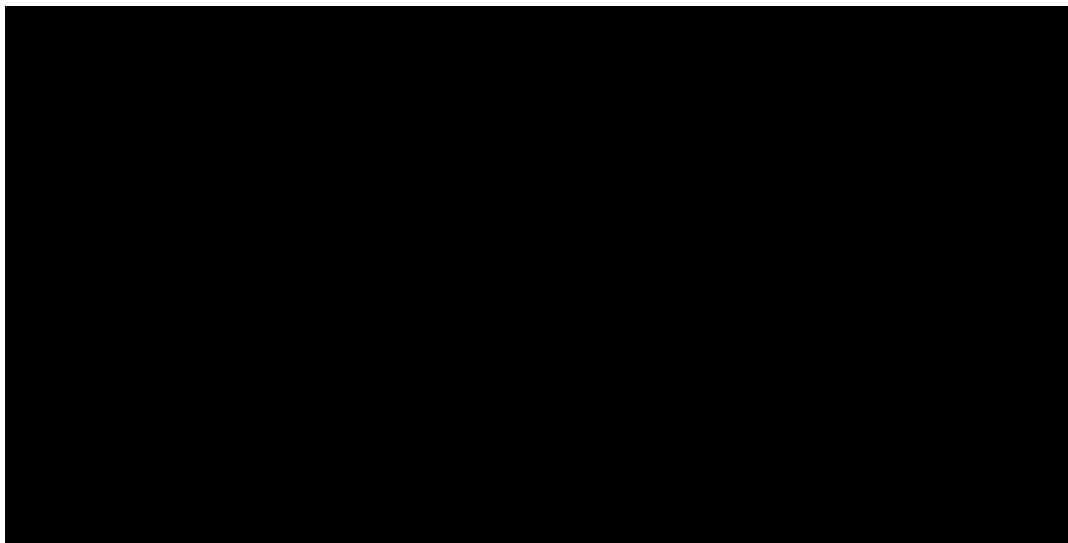
State: NY

Zip: 10472

Country:







September 11th Victims Compensation Fund

Date: 3/18/2005

Distribution Plan Report for Claim: 212-000006

Time: 6:28:46PM



SM Distribution Plan Decision

Economic Breakdown:



Non-Economic Breakdown:

Receives \$100K Dependency:

[Redacted] and 2 step-children (Rosa and
Reginald Colon)

Application of Collateral Offsets:

Potential Beneficiaries:

Last Decision: Plan Approved

Last Decision Maker: FELDMAN, JORDY

Last Decision Date: 06/08/2004

Last Decision Entered By: FELDMAN, JORDY

Last Decision Entered On: 06/08/2004

Claimant Distribution Reallocation Decision

Last Decision:

Last Decision Maker:

Last Decision Date:

Last Decision Entered By:

Last Decision Entered On: